



GEORGIA MOTORCYCLE SAFETY PROGRAM REGISTRATION FORM

SEPARATE REGISTRATION FORMS AND **SEPARATE PAYMENT**
MUST BE INCLUDED FOR EACH STUDENT AND EACH CLASS

☐MR. ☐MS. NAME: _____
First Middle Last

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ CLASS: _____ STATE: _____

HEIGHT: _____ft. _____inches WEIGHT: _____pounds INSEAM LENGTH: _____inches

CLASS LOCATION DESIRED: _____ DATES DESIRED: _____

ACTIVE MILITARY ☐YES ☐NO

Check the following course in which you wish to enroll:

☐ BASIC RIDERCOURSE®
Non-refundable, Non-transferable Fee
\$250.00 (Out-of-State \$300.00)

☐ EXPERIENCED RIDERCOURSE®
Non-refundable, Non-transferable Fee
\$150.00 (Out-of-State \$200.00)

PLEASE NOTE: COURSE REGISTRATION FEES ARE SUBJECT TO CHANGE AT ANY TIME, YOU MAY BE REQUIRED TO PAY AN ADDITIONAL FEE BEFORE ATTENDING CLASS!

CAN YOU RIDE A BICYCLE? ☐NO ☐YES

HAVE YOU EVER RIDDEN A MOTORCYCLE? ☐NO ☐YES IF YES, PLEASE CHECK ONE:

☐ DRIVER ☐PASSENGER ☐BOTH

DO YOU CURRENTLY OWN A MOTORCYCLE? ☐NO ☐YES IF YES, PLEASE COMPLETE:

BRAND: _____ MODEL: _____ CC SIZE: _____

LENGTH OF TIME OWNED: _____

DO YOU HAVE ANY HANDICAPS OR PHYSICAL LIMITATIONS THAT MIGHT AFFECT YOUR COORDINATION OR YOUR

ABILITY TO OPERATE A MOTORCYCLE? ☐NO ☐YES IF YES, PLEASE DESCRIBE: _____

ARE YOU TAKING ANY KIND OF MEDICATION? ☐NO ☐YES IF YES, PLEASE DESCRIBE: _____

HOW DID YOU LEARN ABOUT THE COURSE? (PLEASE CHECK ALL THAT APPLY) ☐DEALER ☐FRIEND

☐SCHOOL ☐TELEVISION ☐NEWSPAPER ☐MAGAZINE ☐RADIO ☐FAMILY ☐OTHER _____

ERC STUDENTS ONLY: I certify that I have possessed a Class M license for the last two years or have successfully completed the Motorcycle RiderCourse.

Signature: _____ Date: _____

Please make CASHIERS CHECK or MONEY ORDER payable to the following: **GEORGIA DEPARTMENT OF DRIVER SERVICES**
(PERSONAL CHECKS NOT ACCEPTED)

MAIL FORM WITH APPROPRIATE FEE TO:
GEORGIA DEPARTMENT OF DRIVER SERVICES
MOTORCYCLE SAFETY PROGRAM
P.O. Box 80447
Conyers, GA 30013-8047